



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code	1311	NAIC Company Code	95464	Employer's ID Number	38-2598455
(Current Period)		(Prior Period)			
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []				
	Vision Service Corporation [] Other [] Health Maintenance Organization []				
	Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No []				
Incorporated	12/03/1984		Commenced Business	07/01/1986	
Statutory Home Office	2850 West Grand Boulevard			Detroit, MI 48202	
	(Street and Number)			(City or Town, State and Zip Code)	
Main Administrative Office	2850 West Grand Boulevard				
	(Street and Number)				
	Detroit, MI 48202		313-872-8100		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	2850 West Grand Boulevard			Detroit, MI 48202	
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)	
Primary Location of Books and Records	2850 West Grand Boulevard				
	(Street and Number)				
	Detroit, MI 48202				
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	www.hap.org				
Statutory Statement Contact					
	(Name)			(Area Code) (Telephone Number) (Extension)	
	(E-mail Address)			(FAX Number)	
Policyowner Relations Contact	2850 West Grand Boulevard				
	(Street and Number)				
	Detroit, MI 48202		313-872-8100		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)		

OFFICERS

President		Secretary	
Treasurer			

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

State of } ss
County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

President	Secretary	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing?	Yes [] No []
day of , 2004	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Exhibit 3 - A&H Premiums Due and Unpaid

NONE

Exhibit 4 - Health Care Receivables

NONE

Exhibit 5 - Claims Unpaid

NONE

Exhibit 6 - Amounts Due From Parent, Subs

NONE

Exhibit 7- Amount Due to Parent, Subs

NONE

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE
SelectCare HMO, Inc.

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE
SelectCare HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SelectCare HMO, Inc. 2. Detroit, Michigan

NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2003								(LOCATION)		NAIC Company Code		95464	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13					
			2	3															
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other					
Total Members at end of:																			
1. Prior Year		0	0																
2. First Quarter		0																	
3. Second Quarter		0																	
4. Third Quarter		0																	
5. Current Year		0																	
6. Current Year Member Months		0																	
Total Member Ambulatory Encounters for Year:																			
7. Physician		0																	
8. Non-Physician		0																	
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0					
10. Hospital Patient Days Incurred		0																	
11. Number of Inpatient Admissions		0																	
12. Health Premiums Collected		0																	
13. Life Premiums Direct		0																	
14. Property/Casualty Premiums Written		0																	
15. Health Premiums Earned		0																	
16. Property/Casualty Premiums Earned		0																	
17. Amount Paid for Provision of Health Care Services		4,815,744		4,465,066				495,023	(144,345)										
18. Amount Incurred for Provision of Health Care Services		(11,877,795)		(8,730,893)				(967,957)	(2,178,945)										

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE
SelectCare HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____

NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2003								(LOCATION)		NAIC Company Code	95464
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
				2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:															
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	4,815,744	0	4,465,066	0	0	0	495,023	(144,345)	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(11,877,795)	0	(8,730,893)	0	0	0	(967,957)	(2,178,945)	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons under indemnity only products 0 _____

35.GT

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8.	Book/adjusted carrying value at end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

SCHEDULE B VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

SCHEDULE BA VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	290	0	0
8. Reinsurance recoverable on paid losses.....	0	0	265	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	14,394,807		14,394,807
2. Accident and health premiums due and unpaid (Line 12).....	0		0
3. Amounts recoverable from reinsurers (Line 13.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	12,819		12,819
6. Total assets (Line 26)	14,407,626	0	14,407,626
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	1,875,589		1,875,589
12. Total liabilities (Line 22).....	1,875,589	0	1,875,589
13. Total capital and surplus (Line 30).....	12,532,037	XXX	12,532,037
14. Total liabilities, capital and surplus (Line 31)	14,407,626	0	14,407,626
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [] No [X]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [] No [X]
3.

Will an actuarial certification be filed by March 1?.....

Yes [] No [X]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [X] No []
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [X] No []
6.

Will the SVO Compliance Certification be filed by March 1?

Yes [] No [X]
7.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

Yes [] No [X]
8.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

Yes [] No [X]

APRIL FILING

9.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [X] No []
10.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [] No [X]
11.

Will the Investment Risks Interrogatories be filed by April 1?

Yes [X] No []

JUNE FILING

12.

Will an audited financial report be filed by June 1 with the state of domicile?

Yes [X] No []

EXPLANATIONS:

1.

The Company does not have Medicare business on its books.
2.

The Company does not have officers that it compensates.
3.

The Company has no claims reserves on its books.
6.

The Company is not required to submit to an SVO valuation per the 2003 Forms and Instructions for required filings in Michigan as authorized by the Commissioner.
7.


The Company does not write Life products.
8.


The Company does not write property and casualty lines.
10.


The Company does not write long-term care business.


BAR CODE:


1.



9 5 4 6 4 2 0 0 3 3 6 0 5 8 0 0 0
2.



9 5 4 6 4 2 0 0 3 4 6 0 0 0 0 0 0
3.


9 5 4 6 4 2 0 0 3 4 4 0 0 0 0 0 0
6.


9 5 4 6 4 2 0 0 3 4 7 0 0 0 0 0 0
7.


9 5 4 6 4 2 0 0 3 2 0 5 0 0 0 0 0
8.


9 5 4 6 4 2 0 0 3 2 0 7 0 0 0 0 0
10.


9 5 4 6 4 2 0 0 3 3 3 0 5 8 0 0 0

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